

## CLAIMS ONLY

Application Number

10/1809, 598

Filing Date

09/10/02

Applicant(s)

Update

9/24/05

10/18/05

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep	* Depend	* Indep	* Depend	* Indep	* Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2		2		3							
Total Depend	8		8		15							
Total Claims	10		10		18							

Total  
Indep  
Depend  
Claims

100

## CLAIMS ONLY

Application Number

101809.588

Filing Date

pg 2092

Applicant(s)

update

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep.	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24	1						
25			1				
26			1				
27			1				
28			1				
29							
30							
31							
32							
33							
34							
35			1				
36			1				
37			1				
38	1		1				
39			1				
40			1				
41	1		1				
42			1				
43			1				
44			1				
45			1				
46			1				
47			1				
48			1				
49			1				
50			1				
Total Indep.							
Total Depend.							
Total Claims							